

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 146County Registrar No. 409

Local Registrar No. \_\_\_\_\_

No. 3331 Turkey Shoot Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Christina Sandoval { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 5, 1925  
Month Day Year8. Full name Elias Sandoval FATHER 14. Full maiden name Maria Lira MOTHER9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona If non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 27 (Years) 16. Color or race Mex. 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Zacatecas 18. Birthplace (city or place) Zacatecas(State or country) Mex. (State or country) Mex.

13. Occupation \_\_\_\_\_ 19. Occupation \_\_\_\_\_

Nature of Industry Miner Nature of Industry Housewife20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? yes

(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 10 A. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D. (Physician or midwife.)Address Miami, ArizonaGiven name added from \_\_\_\_\_ Filed Jan 4, 1926 Local Registrar, \_\_\_\_\_

Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar \_\_\_\_\_

Registrar

County Registrar

323-1005-431

the number

If more than one child, a SEPARATE REPORT must be made in order of birth stated.

FADING  
PARATE